



Town of Grafton

Building Department

30 Providence Road

Grafton, MA. 01519

Phone: 508-839-5335 X 190

Fax: 508-839-4602

buildingdept@town.grafton.ma.us

Robert S. Berger

Inspector of Buildings

Zoning Enforcement Officer

APPLICATION FOR ZONING PERMIT

Date Submitted_____

Map # _____ Lot # _____

Name and address of person(s) submitting application:

Phone #:

Location, frontage, area, etc., of property. This is the best answered by means of a plan which must show the location of the property in relation to the public streets, the outside dimensions and areas of land and any other important details such as rights of way, pipelines, etc. If this is an application for a business or industrial zoning permit a plan must be submitted and in addition to the foregoing it will show the names and approximate property bounds of all abutting owners.

Zone in which property is located (refer to zoning map).

Present Use of Land:

Description and use of existing building(s) if any:

Proposed use of Land:

Proposed use of existing building(s) if any:

Description and use of proposed new building(s) if any:

Are you within 100ft. of wetland _____, brook _____, pond _____, or waterway _____?
That is applicable to the Wetland Protection Act G.L. c131 Chapter 40? If yes you must contact the
Conservation Commission Dept. @ 508-839-5335 x 138

Are you within 200ft. of a stream _____, or a river _____? If yes you must contact the
Conservation Commission Dept. @ 508-839-5335 x 138

Does an open culvert leave or discharge on this lot? _____. If yes you must
contact the Dept. of Public Works @ 508-839-5335 x 124

The information covered by this permit is to be in conformity with the State Building Code and all
Grafton Town-by-Laws. Plot plan should show all buildings and other details and said plot plan shall
be a part of this application

Is there a septic system or well on your property? _____
If yes you must contact the Board of Health Department @ 508-839-5335 x 119. Health Dept. sign off
required.

Signature of Board of Health Agent

Signature of Applicant

Signature of Zoning Enforcement Officer

Date

Permit No.